

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

2021 APR 30 AM 7:55

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF CELINDA COX/SCOTT BOYD	WESTERN DISTRICT/TEXAS AUSTIN DIVISION	COURT CASE NUMBER 1:21-cv-00270-LY-AWA
DEFENDANT DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES- Region 7 et. al		TYPE OF PROCESS CIVIL

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Kristen Harris ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1104 W. Buchanan Dr., Burnet, Texas 78611
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SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Celinda Cox/Scott Boyd 675 Narrows Rd. Blanco, Texas 78606	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 4
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney or Originator requesting service on behalf of: <i>Christina Cordero</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 4/29/2021
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____ No. <u>080</u>	District of Origin No. <u>86</u>	District to Serve No. <u>86</u>	Signature of Authorized USMS Deputy or Clerk	Date <i>OJ</i> 4/30/21
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <i>JEFFRY S. UNK Agent</i>	Date <i>5/13/21</i>	Time <i>2:17</i>	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
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Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy <i>OJ</i> <i>OBRIZOL RODRIGUEZ</i>
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Costs shown on attached USMS Cost Sheet >>

REMARKS *5/13/21 uniform CAT/RYN RECEIPT 70172620 0000 13839537*
USPS mailed 5/13/21 1-902
265

21 JUN -8 PM 12:35
 CLERK, U.S. DISTRICT COURT
 WESTERN DISTRICT OF TEXAS
 BY *DR*

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article

Kristen Harris
1104 W. Buchanan Dr.
Burnet, TX 78611



9590 9402 5314 9154 3531 64

2. Article Number (Transfer from service label)

7017 2620 0000 1383 9537

PS Form 3811, July 2015 PSN 7530-02-000-9053

RECEIVER: COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**

Agent
 Addressee

B. Received by (Printed Name)**C. Date of Delivery**

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Jeffrey Salter

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input checked="" type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
(tail tail Restricted Delivery ())	

Domestic Return Receipt